

EXHIBIT A

Tools Help

2012-13 corrected SPD.ind... x +

20130316145657/http://www.nyc.gov/html/olr/downloads/pdf/healthb/full_spd.pdf

es - ...  <http://www.baciotratt...>

 SIRIUS Satellite Radio

 New York State Unifie...

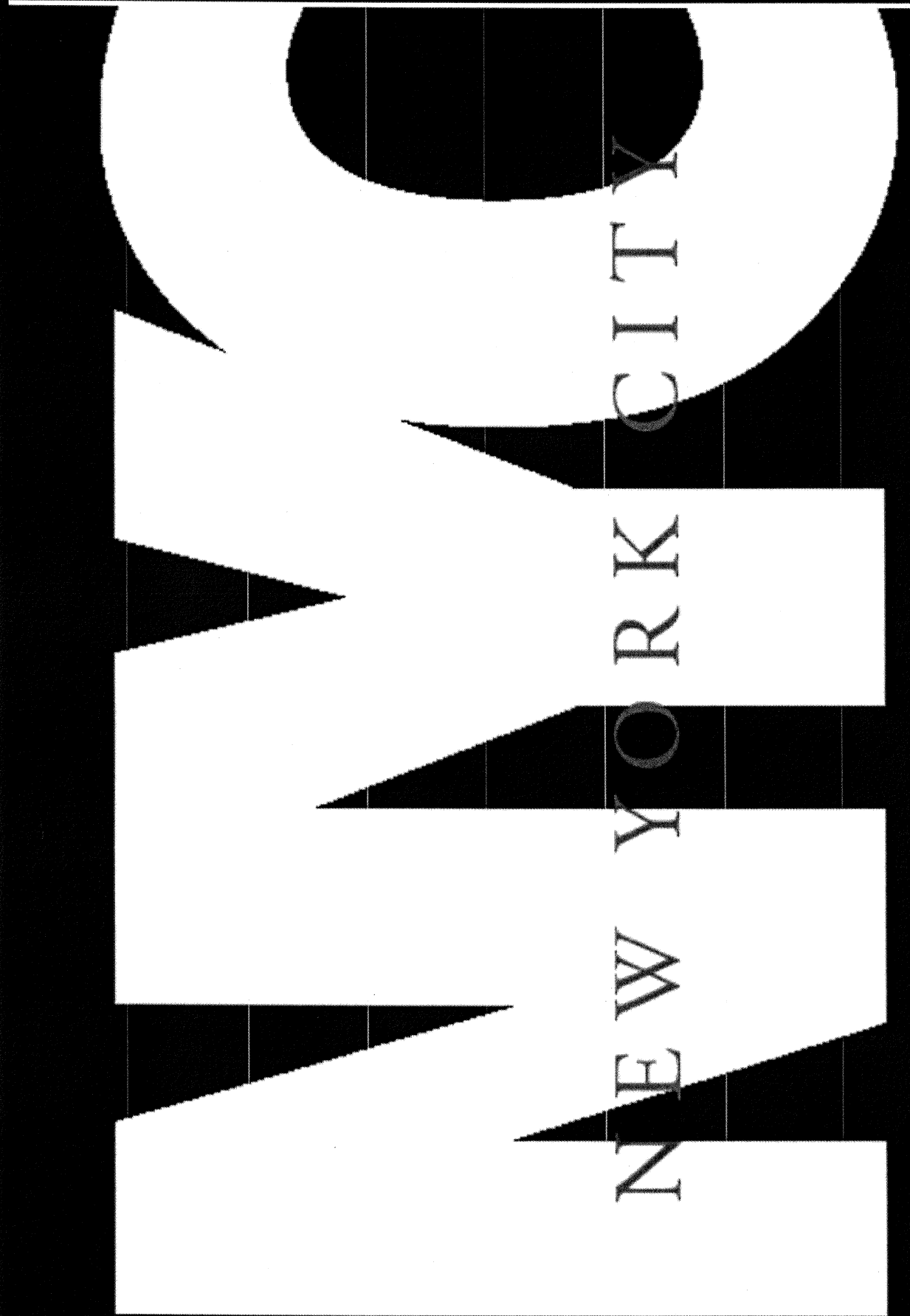
 Westlaw Sign-On

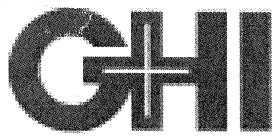
Google

8 Google

1 of 50

Automatic Zoom





an EmblemHealth® company

www.emblemhealth.com

GHI-Comprehensive Benefits Plan (GHI-CBP)

With GHI-CBP, you have the freedom to choose any provider worldwide. You can select a GHI participating provider and not pay any deductibles or coinsurance, or go out-of-network and still receive coverage, subject to deductibles and coinsurance.

GHI's provider network includes all medical specialties. When you need specialty care, you select the specialist and make the appointment. Payment for services will be made directly to the provider - you will not have to file a claim form when you use a GHI participating provider.

Participating Provider Benefits -- There is a \$15 copayment per visit to GHI participating medical providers/practitioners and participating mental health care providers. These include practices such as Family Practice, General Practice, Internal Medicine, OB/GYN, Pediatrics, and providers such as Allergists, Cardiologists, Chiropractors and Gastroenterologists (a full list is available on www.emblemhealth.com).

There is a \$20 copayment per visit for GHI participating Surgeons, all Surgical Subspecialties, and Dermatologists. Examples of these providers are those who practice: Cardiothoracic and Thoracic Surgery; Colon and Rectal Surgery; General Surgery; Neurological Surgery; Ophthalmology; Oral Surgery; Orthopedics, and many others (a full list is available on www.emblemhealth.com).

Home Care Services -- These services include intermittent home care services, home infusion therapy, private duty nursing and durable medical equipment. Benefits are paid in full when precertified by the GHI Managed Care Department. Contact GHI Coordinated Care at (212) 615-4662 in New York City, or 800-223-9870 outside New York City. Durable medical equipment is subject to an annual \$100 per person deductible. Coverage for home infusion therapy is available only through GHI participating providers, but all other services can be obtained through non-participating providers, subject to separate annual deductibles and coinsurance.

Mental Health and Chemical Dependency Program -- This plan offers both inpatient and outpatient chemical dependency and mental health benefits. You can choose from over 8,000 psychiatrists, psychologists, social workers and other providers in the metropolitan New York City area who comprise the GHI Behavioral Management provider network. Out-of-network benefits are also available. Complete details on this program are available by calling GHI at 800-NYC-CITY (800-692-2489).

Centers of Specialized Care -- This network of specialty hospitals offers focused expertise in cardiac care and certain transplant procedures. These services are paid in full, without deductibles or coinsurance, when provided at a Center of Specialized Care hospital. Details are available by calling GHI at 800-223-9870 or 212-615-4662.

Non-Participating Provider Benefits -- When you do not use the services of a participating provider, GHI provides coverage for the services of non-participating providers. Payment for these services is made directly to you under the NYC Non-Participating Provider Schedule of Allowable Charges (Schedule). The rate at which you will be reimbursed for a particular service is contained within the Schedule. These reimbursement rates were originally based on 1983 procedure allowances, and some have been increased periodically. The reimbursement levels, as provided by the Schedule, may be less than the fee charged by the non-participating provider. Please note that certain non-participating provider reimbursement levels may be increased if you have the optional rider. The subscriber is responsible for any difference between the fee charged and the reimbursement, as provided by the Schedule. A copy of the Schedule is available for inspection at GHI.

Non-participating provider reimbursement is subject to calendar year deductibles (\$200 per person, up to a maximum of \$500 per family).

Catastrophic Coverage -- If you choose non-participating providers for predominantly in-hospital care and incur \$1,500 or more in covered expenses you are eligible for additional "Catastrophic Coverage". Under this coverage, GHI pays 100% of the Catastrophic Allowed Charge as determined by GHI.

Optional Rider

Prescription Drugs

Retail pharmacy up to a 30-day supply (2 fills) subject to deductible of \$150 per ind./\$450 per family.

After deductible, you pay: Generic - 20% coinsurance with a min. charge of \$5 or actual cost if less; Brand-Name Formulary - 40% coinsurance with min. charge of \$25 or actual cost if less; Brand-Name Non-Formulary - 50% coinsurance with min. charge of \$40 or actual cost if less.

If you choose a formulary or non-formulary brand that has a generic equivalent, you will pay the difference in cost between the drug and the generic coinsurance.

Mandatory Maintenance Mail Order

Up to a 60-day supply. You pay: \$10 Generic/\$40 Brand-Name Formulary/\$60 Brand-Name Non-Formulary. You must use Mail Service for maintenance medications. Prescriptions will not be filled at retail after two (2) fills.

Prior Authorization is required for certain brand-name medications.

Step-therapy Prescription Program encourages use of best medications for your condition.

Over-the-Counter Equivalent Program (OTC) - Prescription Medications that have an OTC equivalent will not be covered.

Optional Rider (continued)

- Enhanced schedule for certain services increases the reimbursement of the basic program's non-participating provider fee schedule, on average, by 75%.

For More Information

You may contact:
EmblemHealth
441 Ninth Avenue
New York, NY 10001
(212) 501-4444



Empire BlueCross BlueShield Hospital Plan

For More Information

To keep you informed about the Empire BlueCross BlueShield Hospital Plan, Empire has staffed the Dedicated Service Center with customer service representatives specially trained to explain the program.

If you would like additional information about Empire's Hospital Plan, please call (800) 433-9592. The Center telephone hours are from 8:30 A.M. to 5:30 P.M., Monday through Friday.

You may write the plan at:

Empire BlueCross
BlueShield
City of New York
Dedicated Service
Center
P.O. Box 1407
Church Street Station
N.Y., NY 10008-3598

www.empireblue.com/
nyc

Effective January 1, 2010, the Empire BlueCross BlueShield Hospital Plan (offering benefits for services provided at hospital and out-patient facilities) of the GHI/Comprehensive Benefits Plan changed to Preferred Provider Organization (PPO) coverage for members, retirees and their dependents. A PPO plan provides coverage for both in-network and out-of-network facility services. However, by using a PPO network facility, you will save money. Because 94% of the nation's hospitals participate in the Blue Cross and Blue Shield Association BlueCard® PPO Program network, which provides you with access to network care across the county, it should be easy to find a participating facility in a convenient location.

Inpatient Care: If you use an in-network hospital, you will pay a \$300 inpatient deductible per person per admission, up to a maximum of \$750 in a calendar year. If you use an out-of-network hospital, you will be responsible for a \$500 deductible per person per admission/visit up to a maximum of \$1,250 in a calendar year. After the deductible is met, Empire will pay 80% of the allowed rate and you will be charged 20% coinsurance for out-of-network services. In addition, the facility can bill you the difference between their total bill and the amount that they have received from both Empire and you; this is called balance billing.

Ambulatory Surgery: If surgery or procedures (such as chemotherapy, blood transfusions and pre-surgical testing) are done in-network at a participating ambulatory surgery center or hospital outpatient surgery department, free standing ambulatory surgery center or the outpatient department of a participating hospital, you will be responsible for 20% coinsurance up to a maximum of \$200 per person per calendar year. If you choose to use an out-of-network facility, you may have significant out-of-pocket expenses. Depending on the procedure, this can amount to several thousand dollars or more instead of the maximum \$200 coinsurance that applies when you use an in-network facility. If you receive care at an out-of-network facility, you will be responsible for a \$500 deductible per person per admission/visit up to a maximum of \$1,250 in a calendar year. After the deductible is met, Empire will pay 80% of the allowed amount and you will pay 20% coinsurance. In addition, the facility can bill you the difference between their total bill and the amount that they have received from both Empire and you; this is called balance billing.

Emergency Care: There is a \$50 co-payment for emergency room care such as treatment for sudden and serious illness and accidental injury treatment. This co-payment is waived if the patient is admitted to the same hospital. Coverage is provided for emergency room physicians and non-invasive cardiology, radiology and pathology services when provided in an emergency. Charges for specialty doctors and/or medical follow-up care related to the emergency should be submitted to GHI, as your medical carrier.

Skilled Nursing Facility Care: Up to 90 days of skilled nursing facility care is available, which may include 30 inpatient days in a rehabilitation hospital primarily for physical therapy, physical rehabilitation or physical medicine. Benefits are subject to NYC Healthline authorization and approval. You will receive full benefits if you receive covered services at an in-network skilled nursing facility. If you receive care at an out-of-network facility, you will be responsible for a \$500 deductible per person per admission/visit up to a maximum of \$1,250 in a calendar year. After the deductible is met, Empire will pay 80% of the allowed amount and you will pay 20% coinsurance. In addition, the facility can bill you the difference between their total bill and the amount that they have received from both Empire and you; this is called balance billing.

Hospice Care: The Hospital Plan also offers coverage for hospice care for up to 210 days. Full benefits for this service are provided when they are rendered in a licensed Hospice Facility.

Worldwide Protection: If you travel abroad and need emergency inpatient or emergency outpatient care you will receive in-network coverage (subject to in-network deductible, coinsurance or copay) as long as you are admitted to a general hospital.

Hospital Pre-Admission and Medical Care Requirements

***Enrollees must call NYC Healthline at 800-521-9574 prior to any scheduled hospital admission or within 48 hours of an emergency admission. Failure to call NYC Healthline may result in a penalty of up to \$500.**